

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 26-JUN-2013		TIME 00:16:00	2. ADDRESS OF OCCURRENCE 9225 S JUSTINE ST CHICAGO, IL 60620				3. LOCATION CODE 304	4. BEAT/OCCUR 2221	
MEMBER INVOLVED <input type="checkbox"/> DNA	5. POSITION 9161	6. LAST NAME BARBER	7. FIRST NAME SHARON D	8. STAR NO. 12220	9. SEX <input type="checkbox"/> 01 M <input checked="" type="checkbox"/> 02 F	10. RACE CODE BLK	11. AGE 507	12. HT. 172	
	14. DATE OF APPT. 04-AUG-1997	15. EMPLOYEE NO. [REDACTED]	16. UNIT & BEAT OF ASSIGNMENT 022 2221A	17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off	18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No			
SUBJECT INFORMATION <input type="checkbox"/> DNA	20. LAST NAME RUSSELL	21. FIRST NAME IVAN	22. M.I. D	23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F	24. RACE BLK	25. D.O.B. [REDACTED]	26. HT. 511	27. WT. 206	
	28. ADDRESS [REDACTED]	29. TELEPHONE NO. [REDACTED]	30. WAS SUBJECT ARMED?/VERBAL THREAT (ASSAULT) <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No			31. SUBJECT INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 02 Under Influence <input type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		
33. WHERE WAS MEDICAL TREATMENT OBTAINED?			34. BY WHOM?	35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid					
36. CHARGES PLACED ***** PLEASE SEE NEXT PAGE *****									
38. <input type="checkbox"/> DNA REASON FOR USE OF FORCE (Check all that apply)									
SUBJECT'S ACTIONS	PASSIVE RESISTER		ACTIVE RESISTER		ASSAILANT:ASSAULT		ASSAILANT:BATTERY		ASSAILANT:DEADLY FORCE
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>	STIFFENED (DEAD WEIGHT) <input type="checkbox"/>	OTHER _____	FLED <input type="checkbox"/>	PULLED AWAY <input type="checkbox"/>	IMMINENT THREAT OF BATTERY <input checked="" type="checkbox"/>	OTHER APPROACHED IN MENACE <input type="checkbox"/>	ATTACK WITH WEAPON <input type="checkbox"/>	ATTACK WITHOUT WEAPON <input type="checkbox"/>
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/> VERBAL COMMANDS <input checked="" type="checkbox"/> ESCORT HOLDS <input checked="" type="checkbox"/> WRISTLOCK <input checked="" type="checkbox"/> ARMBAR <input type="checkbox"/>		OPEN HAND STRIKE <input type="checkbox"/> TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/> OC CHEMICAL WEAPON <input type="checkbox"/> CANINE <input type="checkbox"/> TASER (Probe Discharge) <input type="checkbox"/> TASER (Contact Stun) <input type="checkbox"/> TASER (Laser Targeted) <input type="checkbox"/> TASER (Spark Displayed) <input type="checkbox"/> OTHER _____		ELBOW STRIKE <input type="checkbox"/> CLOSED HAND STRIKE/PUNCH <input type="checkbox"/> IMPACT WEAPON (Describe In Box 40) <input type="checkbox"/> OTHER _____		KNEE STRIKE <input type="checkbox"/> KICKS <input type="checkbox"/> IMPACT MUNITION (Describe In Box 40) <input type="checkbox"/> OTHER _____		FIREARM <input type="checkbox"/> OTHER _____
	PRESSURE SENSITIVE AREAS <input type="checkbox"/> CONTROL INSTRUMENT <input type="checkbox"/> OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/> OTHER EMERGENCY HANDCUFFING <input type="checkbox"/>								
39. <input checked="" type="checkbox"/> DNA WEAPON DISCHARGE INCIDENT					40. ADDITIONAL INFORMATION				
POSITION <input type="checkbox"/>		STAR NO. <input type="checkbox"/>		UNIT <input type="checkbox"/>					
41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN		<input type="checkbox"/> 04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER		42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors	43. LIGHTING CONDITIONS <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input checked="" type="checkbox"/> 06 Good Artificial	44. WEATHER CONDITIONS CLEAR			
45. MAKE/MANUFACTURER <input type="checkbox"/>		46. MODEL <input type="checkbox"/>		47. BARREL LENGTH <input type="checkbox"/>	48. CALIBER/GAUGE <input type="checkbox"/>				
49. TASER DART ID NO. <input type="checkbox"/>		50. WEAPON SERIAL NO. (Include Letters) <input type="checkbox"/>		51. CHICAGO GUN REG. NO. <input type="checkbox"/>	52. IL FIREARM OWNER ID. NO. <input type="checkbox"/>	53. HANDGUN CERTIFICATE NO. <input type="checkbox"/>			
54. SPECIAL WEAPON CERTIFICATE NO. <input type="checkbox"/>		55. PROPERTY INVENTORY NO. <input type="checkbox"/>		56. TYPE OF AMMUNITION USED <input type="checkbox"/>	57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER. <input type="checkbox"/>	58. TOTAL NO. OF SHOTS MEMBER FIRED <input type="checkbox"/>			
59. WHO FIRED FIRST SHOT <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER		60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO		61. NO OF CARTRIDGES/SHOT SHELLS RELOADED <input type="checkbox"/>	62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST)				
63. HOW WAS MEMBER'S HANDGUN DRAWN <input type="checkbox"/> 03 OTHER (Specify) <input type="checkbox"/> 01 STRONG SIDE DRAW <input type="checkbox"/> 02 CROSS DRAW		64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD <input type="checkbox"/>		65. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO					
66. DESCRIBE PROTECTIVE COVER USED (LIGHT POLES, DOORWAYS, CAR, FURNITURE, ETC) <input type="checkbox"/>			67. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.						
68. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBERS WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN			69. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)						
70. EVENT NO. 1317700123									
71. RD. NO. HW33555									
72. CASE INFO. Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.									
73. REPORTING MEMBER (Print Name) BARBER, SHARON D 26-JUN-2013 07:36:36			STAR/EMPLOYEE NO. 12220		SIGNATURE <input type="checkbox"/>				
Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.									
74. REVIEWING SUPERVISOR (Print Name) DORAU, LESZEK			STAR NO. 983		SIGNATURE <input type="checkbox"/>		DATE REVIEWED 26-JUN-2013 07:37:31	TIME	

L06 1063187/14/3-34
Attachment # 11

**SUBJECT
INFORMATION**

36. CHARGES PLACED

720 ILCS 5.0/12-5-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-1-A, 720 ILCS 5.0/12-5-A

DNA

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING; 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

DNA

REFUSED

UNABLE TO INTERVIEW (Specify Reason)

R/L interviewed the offender in the holding cell of Area South detective division post Miranda. He stated that at no time did he threaten the officers and that he was just sitting on is porch in his slippers when the officers arrested him. He stated that he was arrested because he threatened to sue the officers.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

PO Cornell was in pursuit of a suspect in a shooting when the offender blocked his path and made verbal threats to the officer. When PO Barber arrived on the scene as an assist the offender also blocked her from pursuing offenders and also threatened her. The offender was then taken into custody. No injuries.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

ROCHE, JANICE M

SIGNATURE

DATE COMPLETED TIME

26-JUN-2013 07:51:07

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

<input type="checkbox"/> CASE REPORT	<input type="checkbox"/> SUPPLEMENTARY REPORT
<input type="checkbox"/> ARREST REPORT	<input checked="" type="checkbox"/> OFFICER BATTERY REPORT
<input type="checkbox"/> TO-FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)	

<input type="checkbox"/> I.O.D. REPORT
<input type="checkbox"/> CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

4